
Research Application to the Long-Term Care (LTC) Data Cooperative

Section I: General Information

* **Which of the following categories does your project fall under?**

- ◯ Observational, comparative effectiveness research
- ◯ Clinical research studies, including provider and patient recruitment into Phase 3 and Phase 4 randomized trials

## * Project Title

## Contact Information for Principal Investigator

NOTE: Graduate students may not be listed as the PI.

* Principal Investigator's Information

| | |
|---|---|
| **Name** | |
| **Organization** | |
| **Address** | |
| **Address 2** | |
| **City/Town** | |
| **State/Province** | -- select state -- |
| **ZIP/Postal Code** | |
| **Country** | |
| **Email Address** | |
| **Phone Number** | |

# Contact Information for Alternate

(e.g., project analyst; faculty supervisor/mentor of postdoctoral fellow)

Alternate's Information

| | |
|---|---|
| **Name** | |
| **Organization** | |
| **Address** | |
| **Address 2** | |
| **City/Town** | |
| **State/Province** | -- select state -- |
| **ZIP/Postal Code** | |
| **Country** | |
| **Email Address** | |
| **Phone Number** | |

Long-Term Care
DATA COOPERATIVE

# Research Application to the Long-Term Care (LTC) Data Cooperative

## Section II: Funding Source

*Note: Funding must be available to support research services provided by the LTC Data Cooperative.*

*** Does this project currently have funding?**

- ◯ Yes
- ◯ No, I will email LTCDataCooperative@AHCA.org with notice of funding once received.

**Does this request require a letter of support to the funding entity?**

- ◯ Yes
- ◯ No

**Please describe funding source below.** Specify the role of the funder, if any, in the study design, collection, management, analysis, interpretation and reporting of findings. Include whether they will have ultimate authority over any of these activities.

*** Does this project require approval by a regulator, or do you plan to submit the results of this study to a regulatory agency?**

- ◯ Yes
- ◯ No

If Yes, please indicate below any relevant timeline or other relevant information that should be taken into consideration.

## Plain-Language Abstract

**All applications must include a plain language structured abstract (750 words max).** The audience for this abstract is nursing home providers who have expertise in the long-term care policy and practice environment, and are not formally trained in research. They will review the abstract and provide feedback to the LTC Data Cooperative Review Committee during the public comment period of the application review process. If either the nursing home providers or the Review Committee do not believe an application aligns with the mission or approved data uses of the LTC Data Cooperative, it may be rejected.

The abstract should clearly and succinctly describe, in **plain language**:

- **Objective(s) and importance.** What are you trying to demonstrate and how will it help providers improve resident care?
- **Study design**, stated briefly in plain language
- **Study population**. If you only need data on a subset of nursing homes and/or residents, state that here.
- **Intervention, if applicable**
- **Key measures and outcomes**
  Example: *"We will compare the rates of antibiotic prescriptions and urinalyses between nursing homes that did vs. did not receive antibiotic stewardship training."*
- **The EHR data elements you are requesting and why.** Example*: "We will use medication administration records (MAR), vital signs, and diagnoses that are linked to MDS data and Medicare claims to look at antibiotic prescribing and hospitalizations for residents with dementia."*
- **Provider engagement**. If and how you have engaged, or will engage, nursing home providers in your study. For intervention studies, specify whether you have already recruited nursing homes for participation.
- **Implications for providers**, such as: Potential impact on practice and/or policy; Alignment with nursing home provider priorities; Acceptability, i.e. how likely are providers to adopt the intervention and/or findings?; Feasibility, i.e. how practical is the intervention and/or findings under current conditions? and; Any costs, burden, or risks for providers, residents, or other key stakeholders.

***Abstracts with overly-technical academic language or failing to include the above elements will be returned for revisions.***

Choose File Choose File No file chosen

**Intervention Protocol:** If this study involves an intervention, please upload a copy of the intervention protocol.

Choose File Choose File No file chosen

*** Are you requesting access to CMS-EHR linked data?**

- ◯ No
- ◯ Yes *(Note: If application has been approved, PI will receive an approval letter and information on how to apply to NIA Data LINKAGE to use the CMS-EHR linked data)*


# Research Application to the Long-Term Care (LTC) Data Cooperative

## Section IV: IRB Documentation

*** Under which category of research does your project fall?**

- ◯ De-identified Data, Exempt from IRB approval
- ◯ Research Conducted under a Waiver of Patient Consent for Use of Protected Health Information
- ◯ Research Requiring Facility Consent Only (e.g., cluster randomized trial with waiver of patient consent)
- ◯ Research Requiring Patient/Proxy Consent – and, therefore, facility consent

**Please upload here the IRB letter of approval (or waiver of consent) and the approved IRB protocol. Also upload proof of privacy board approval here, if applicable.**

*If this project has yet to receive IRB approval, please email LTCDataCooperative@AHCA.org once received.*

Choose File Choose File No file chosen

**Facility Consent Documents** (if applicable)

*Please combine all documents into a single PDF file.*

Choose File Choose File No file chosen

**Patient Consent Documents** (if applicable)

*Please combine all documents into a single PDF file.*

Choose File Choose File No file chosen